

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10769565

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	/					
13						
14						
15						
16						
17						
18						
19	/					
20						
21						
22						
23						
24	/					
25						
26						
27						
28						
29	/					
30						
31						
32	/					
33						
34						
35						
36						
37						
38						
39	/					
40						
41						
42	/					
43						
44	/					
45	/					
46	/					
47	/					
48						
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	/					
52	/					
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						